

Dr Rowland Payne Dermatology

Inspection report

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Date of inspection visit: 24 February 2023

Date of publication: 05/04/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Rowland Payne Dermatology as part of our inspection programme.

Dr Rowland Payne Dermatology is a consultant led independent healthcare provider offering dermatological services to fee-paying patients.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dr Rowland Payne Dermatology provides a range of non-surgical cosmetic interventions, for example Botulinum toxin treatments, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead consultant is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had systems to keep patients and staff safe. This included in respect of safeguarding, environmental risk assessments and infection prevention and control. However, the service did not have all the required emergency medicines during the inspection with no written risk assessment for their omission. The service ordered the medicine during the inspection and provided us with the evidence of the order during the inspection.
- The service assessed needs and delivered care in line with current legislation and evidence-based guidelines. Clinicians had the knowledge and experience to carry out their roles and the service was actively involved in quality improvement activity to improve patient care.
- Patients were treated with kindness and respect and patients were involved in decisions about their care and treatment.
- The service organised and delivered services to meet patients' needs.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

The areas where the provider **should** make improvements are:

Overall summary

- Ensure there are risk assessments for emergency medicines, recommended in national guidance, not within the premises.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a specialist advisor.

Background to Dr Rowland Payne Dermatology

Dr Rowland Payne Dermatology is a consultant led independent healthcare provider offering dermatological services to fee-paying patients. It is located in 27 Devonshire Place in the London borough of Westminster.

The service provides medical dermatology and aesthetic procedures; some of which are exempt from CQC regulation. The service carries out both face-to-face and virtual appointments sees both adults and children.

The service consists of the lead consultant, who is the registered manager, a personal assistant, a secretary, a healthcare assistant and 3 nurses.

The service is open between Monday and Friday from 8:30am to 5pm and is registered with the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The service had systems to keep patients and staff safe. This included in respect of safeguarding, environmental risk assessments and infection prevention and control.

However, the service should:

- Ensure there are risk assessments for emergency medication, recommended in national guidance, not within the premises.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They included policies for fire safety, health and safety, infection control and safeguarding. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were aware of their chaperone policy and received a DBS check. We also saw posters in the waiting room informing patients of the availability of chaperones.
- There was an effective system to manage Infection Prevention and Control (IPC) and the provider carried out regular IPC audits. We spoke to staff members who highlighted the importance of maintaining standards, such as those related to hand hygiene, clinical waste management and the use of Protective Personal Equipment (PPE). We were presented with an up-to-date Legionella certificate dated 27 July 2022 (Legionnaires' disease is a potentially fatal type of pneumonia, contracted by water droplets containing viable Legionella bacteria. All hot and cold-water systems in the premises are a potential source for legionella bacteria growth).
- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role and appropriate supervision for new staff, for example, nurses who were newly employed.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical and non-clinical staff members we spoke to knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- We reviewed the medicines and equipment at the premises to deal with medical emergencies. We saw there was suitable medical equipment such as a working defibrillator and oxygen, although there was no infant paediatric mask for the oxygen supply. However, the service ordered the mask during the inspection.
- The provider did not have all of the emergency medication recommended in our national guidance. We considered not having the medication as low risk due the type of patients seen at the service. However, there was no appropriate risk assessments in place for not having the medicines. The provider ordered the additional emergency medication during the inspection process and provided us with evidence (order acknowledgement document) they had done so.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The service regularly carried out environmental risk assessments.

Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Safety alerts, such as those received from Medicines and Healthcare products Regulatory Agency (MHRA), were reviewed by the lead clinician who disseminated the information to relevant staff.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a policy on significant events which outlined how to record and investigate serious incidents. The service had ready-made templates for reporting such incidents.
- There were no significant events recorded in the past 12 months. However, staff members we spoke to understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

The service assessed needs and delivered care in line with current legislation and evidence-based guidelines. Clinicians had the knowledge and experience to carry out their roles and the service was actively involved in quality improvement activity to improve patient care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We reviewed a sample of patient records and identified patients received clear treatment pathways.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service carried out clinical audits which had a positive impact on quality of care and outcomes for patients. For example, the service carried out a two-cycle audit in February 2022 into the treatment of Acne. The audit looked at treated patients who suffered from acne without the use of Roaccutane (medicine used to treat acne). Results from the audit were positive as patients showed improvements in their acne from the use of conventional treatments and antibiotics. The study showed Roaccutane, a medicine that can have harmful side effects and is not suitable for patients who are of child-bearing age, was not required for all patients to treat severe acne.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified, with evidence indicated the lead consultant was an expert in the dermatological field and had the skills, knowledge and experience to carry out the services provided. The provider had an induction programme and appropriate supervision for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. For example, there were training sessions for the nursing staff on a wide range of dermatology procedures.

Are services effective?

- Staff whose role included immunisation and reviews of patients with long term conditions received specific training and could demonstrate how they stayed up to date.
- We saw evidence staff received role-specific training and relevant updates including mental health awareness, medicine management and safeguarding. Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider risk assessed the treatments they offered. They identified medicines not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. For example, the lead consultant advised patients on leading a healthier lifestyle through better diets, skin care and smoking cessation. The provider also handed out patient information leaflets.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The provider set up consent forms for different procedures. For instance, patients were required to provide written consent to a full body examination prior to being assessed.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.

Are services caring?

We rated caring as Good because:

Patients were treated with kindness and respect and patients were involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received after each appointment through surveys.

Feedback from patients was positive about clinical care and the way staff treat people. For example, one patient stated how 'each and every diagnosis was very well explained to me' and the nurses were 'very helpful.'

- Staff understood patients' personal, cultural, social, and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients were written to prior to any appointments with details of the initial consultation cost. Discussion of any additional treatment would occur before any treatments were given so patients were aware on the pricing.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. The service also had a diverse set of staff who were able to speak different languages.
- Patients informed us they felt listened to, supported by staff, and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- The service had a hearing loop installed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made so people in vulnerable circumstances could access and use services on an equal basis to others. The premises did not have accessible toilets. However, the service had an agreement with a neighbouring service in which he could assess and treat patients with mobility issues if required.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Due to the demand of the service, they had a 3-month waiting list. The service recognised this and hoped to recruit another consultant to reduce waiting times for new patients.
- Patients with the most urgent needs had their care and treatment prioritised as the service had certain blocks for emergency appointments.
- Patients reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had not received any complaints in the past two years. They had a written policy for managing complaints and there were posters on how to make a complaint displayed in the reception area.
- Staff members we spoke to were able to explain how they would manage a complaint which was consistent with their complaints policy.
- The service informed patients of any further action available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

The way the service was led and managed promoted the delivery of high-quality, person-centred care.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they recognised there were long waiting time for new patients to be seen and therefore planned to recruit another dermatologist.
- Leaders at all levels were visible and approachable. The lead consultant worked closely with clinical and non-clinical staff to ensure there was compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values to *'provide compassionate patient-centred care and to 'develop excellence in healthcare by treating patients holistically, diagnosing and treating conditions with the latest evidence-based practice'*. The service used their knowledge and expertise in dermatology to develop a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Clinical and non-clinical staff members we spoke to were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff members we spoke to felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. There was a diverse set of staff and staff received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The service worked with a compliance and governance manager on a self-employed basis who advised the service on regulation and policies. We saw evidence of structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities, for example, there was a lead role in safeguarding, complaints handling and infection prevention and control.
- Leaders had established appropriate policies, procedures, and activities to ensure safety and assured themselves they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. We observed some of the emergency medicines were not in stock on the day of the site visit. However, the service provided us with evidence they ordered the missing emergency medication during the inspection site visit.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had business continuity plans in place and trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. We saw evidence of minutes of the lead consulting attending multi-disciplinary team meetings.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Are services well-led?

- Staff could describe to us the systems in place to give feedback, such as feedback forms after consultations/ treatments, a system for patients to provide anonymous feedback in the waiting area and a system for patients provide feedback online. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- The lead consultant provided evidence to show he is renowned in the field of dermatology. He is the Professor of Academic Cosmetic Dermatology at the University of Roma-Marconi and was elected President of the Royal Society of Medicine's Aesthetic Faculty Council for 2016-2017. The lead consultant pioneered a technique in the UK to treat Dupuytren's contracture; a condition which affects a layer of tissue that lies under the skin of the palm. We saw examples of journal articles written by the lead consultant which had been published by the Journal of Cosmetic Dermatology.
- There was a focus on continuous learning and improvement, evidenced through clinical audits carried out by the lead consultant.
- The service made use of internal and external reviews of incidents and complaints and encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work.